

E XHIBIT B

INSTRUCTIONS

Before you fill out the Change of Address Form (Form PS 3575)

Print the City, State and ZIP Code of your old address in the proper space on the other side of the form. Then, complete items 1 through 10. Remember to sign this form in item 9.

1 Who's moving?

- If it's just you, check the INDIVIDUAL box.
 - If it's some members of your family with the same last name and others are staying, fill out a separate form for each mover and check the INDIVIDUAL box.
 - If it's some members of your family with different last names and others are staying, fill out a separate form for each mover and check the INDIVIDUAL box.
 - If it's everyone in your family with the same last name, just fill out one card and check the ENTIRE FAMILY box.
 - If it's your business, check the BUSINESS box.

2 When should we begin forwarding mail?

Fill in the date you want us to begin forwarding your mail to your new address.

3 Is this a temporary move?

**Check YES if you plan to return
to your old address **within 12
months**. Otherwise, check NO.**

4 Move return date

For a temporary move, indicate the date when you want to stop forwarding mail to the TEMPORARY address. If this date should change, be sure to notify the post office that serves your OLD ADDRESS when to stop forwarding your mail.

5 Last name of mover

- Fill in **only one LAST NAME**.
 - If **anyone** with the **same last name** is moving to a different address, use a **separate form** for each person.

- For a **BUSINESS** move, print the name of the business. If more space is needed, carry over information to item 6. Each business must file a separate form.

6 First name of mover

- If you checked INDIVIDUAL, then give us your FIRST NAME.
 - If you checked ENTIRE FAMILY, print the first name of the head of the household and any commonly used middle names or initials.
 - For a business, leave this blank.

No. and your Box No., if appropriate. If you're forwarding your mail to a Private Mail Box (PMB) at a Commercial Mail Receiving Agency (CMRA), enter the complete CMRA address in 8b. Also check the box labeled "PMB No." and enter your personal PMB No.

9 Signature

**To make this change of address
valid, we need your signature.**

10 Date

Fill in the date you signed this form. Be sure to read the "Note" and "Privacy Act" statements on the reverse side of the Change of Address Form. Your new permanent address will be provided to individuals and companies who request it. This will only occur when the requester is already in possession of your name and old mailing address.



OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS FORM

U.S. Postal Service CHANGE OF ADDRESS ORDER		Instructions: Complete Items 1 thru 10. You must SIGN Item 9. Please PRINT all other items including address on face of card.					OFFICIAL USE ONLY					
1. Change of Address for: (See instruction #1 above)			Month	Day	Year	Zone/Route ID No.						
<input type="checkbox"/> Individual <input type="checkbox"/> Entire Family <input type="checkbox"/> Business												
3. Is This Move Temporary? (Check one)			Month	Day	Year	Date Entered on Form 3802						
<input type="checkbox"/> No <input type="checkbox"/> Yes, Fill in ►						M	M	D	D	Y	Y	
4. If TEMPORARY move, print date to discontinue forwarding:						Expiration Date						
						M	M	D	D	Y	Y	
5. Print Last Name (include Jr., Sr., etc.) or Name of Business (If more than one, use separate form for each).									Chart/Carrier Endorsement			
6. Print First Name (or Initial) and Middle Name (or Initial). Leave blank if for a business.												
7a. For Puerto Rico Only: If OLD mailing address is in Puerto Rico, print urbanization name, if appropriate.												
7b. Print OLD mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).												
Apt./Suite No.			or	PO Box No.		or	<input type="checkbox"/> RR	<input type="checkbox"/> HCR	(Check one)	RR/HCR Box No.		
City				State		ZIP Code		ZIP+4				
8a. For Puerto Rico Only: If NEW mailing address is in Puerto Rico, print urbanization name, if appropriate.												
8b. Print NEW mailing address: House/Building Number and Street Name (include St., Ave., Rd., Ct., etc.).												
Apt./Suite No.			or	<input type="checkbox"/> PO Box No. / <input type="checkbox"/> PMB No. (Check one)		or	<input type="checkbox"/> RR	<input type="checkbox"/> HCR	<input type="checkbox"/> PMB No. / <input type="checkbox"/> RR/HCR Box No.			
City				State		ZIP Code		ZIP+4				
9. Sign and Print Name (see conditions on reverse)					Month	Day	Year	OFFICIAL USE ONLY				
Sign: _____					Signed:			Verification Endorsement				
Print: _____												

